## CERTIFICATE OF ASSUMED BUSINESS NAME (Please type or print legibly. See instructions on reverse.)

To the SECRETARY OF STATE, STATE OF IDAHO

		Section 53-50- e of adoption of			•		90
1. The ass busines	umed busines	s name which t	he und	ersigned		ທ <sup>∈</sup>	DO OCT 10 Å
	e name(s) and	business addressumed busines	ess(es)	of the e		ial(s) doing	# 10: 02
_Gı	NNY The moson			Complete Address 745 NORTH MAIN STREET BELLEVUE Tolaho			
					<del></del>	83313	· · · · · · · · · · · · · · · · · · ·
	neral type of but only those that apply	usiness transac	ted und	der the a	assumed busin	ess name is:	
□ w	tail Trade nolesale Trade rvices	Manufa Agricult Constru	ture		•	n and Public U rance, and Re	
		ss to which futu Id be addresse		one nui	mber (optional): .	788-232	2-1-
" you Fit	Go Gir	ter	<u> </u>		Assumed	Certificate of I Business ad \$20.00 fee to	:
copy is	(if other than # 4 abo	om pson	dgment	ŧ	700 Wes Basemer PO Box	83720-0080	
<u> </u>	1/24 I	4 8333	3	Revision 12/99	10/16 CK: 1 CT	8EDRETARY USA: 9TAYE 9/2000 09: 137017 BH: 3534 0 = 20.00 ASSUM	: 00

D39543

Printed Name: 50004

Capacity: OWNER

(see instruction # 8 on back of form)